

Iowa Department of Public Health Vaccines for Children Program Patient Eligibility Screening Record Private Provider

Initial Screening Date:			
Child:Last Name			
Last Name	First Name		MI
Date of Birth:			
Parent/Guardian/Individual of Record:_			
	Last Name	First Name	MI
Primary Health Care Provider's Name:			
A record must be kept in the healthcare age or younger, who receive immunizate be completed by the parent, guardian a should be used for all subsequent visits retain this or a similar record for each of	tions through the Vaccion individual of record, on the world while verification of the world with the world wit	nes for Children Program. ⁻ or by the healthcare provide	The record may er. This record
Indicate the child's eligibility status (che	eck only one box):		
(a) is enrolled in Medicaid			
(b) does not have health insurance	e		
(c) is American Indian or Alaskan	Native (AI/AN)		
(d) Is not eligible for the VFC Progr	ram because they do no	ot meet the above criteria	

Office Use Only

This record should be used to document VFC eligibility for all subsequent vaccinations. Information below should be completed by clinic staff.

Eligibility Changes							
Date	Medicaid	No health insurance	AI/AN	Underinsured	Not eligible for VFC	Staff Initials	

If there are any questions regarding the Vaccines for Children Program call 1-800-831-6293, ext. 4